

Washington State Board of Health and Washington State Public Health Association¹

Key Values to Guide Health Care Reform— Improve Community Health Status by Stabilizing System Funding to Achieve Universal Access to Core Services

Summary

The State Board of Health (SBOH) and the Washington State Public Health Association (WSPHA) value community health improvement above all. We value stable health care system funding as the highest priority toward that end. We believe stable funding is necessary to achieve universal access to a core set of services --- and universal access to these core services is most likely to improve health. Core services should include a robust public health infrastructure and personal medical services proven effective in improving community wide health. A robust public health infrastructure would analyze patterns of illness, provide health improvement oriented guidance on medical financing priorities, address key health threats in the physical and social environments, help coordinate rapid health emergency responses, control infectious diseases and promote community dialogue about social determinants of health like employment, housing, and social cohesion.

SBOH believes that significantly advancing stable health care system funding would require: developing broad agreement on a core set of effective services; prioritizing those services considering patterns of illness and community values; establishing and tracking measurable outcomes; and reforming basic financing mechanisms.

A stable health funding system would advance other values important to SBOH and WSPHA, such as assuring fairness, promoting accountability, redesigning the health system, improving performance and efficiency, and re-allocating existing resources.

Discussion

The Washington Health Foundation (WHF) asked the State Board of Health (SBOH) and the Washington State Public Health Association (WSPHA) to develop a brief statement about each organization's key values in relation to health reform. SBOH developed and approved this statement. The WSPHA Board reviewed and generally supported this statement as well, noting only that WSPHA has not addressed the question of limits on medical services, and so has no position on that portion of this statement.

SBOH and WSPHA have long promoted universal access to those health services most likely to improve the public's health. Both groups agree with the primary result of Governor Locke's recent "Priorities in Government" prioritization that these services begin with a robust public health infrastructure. In addition, we believe that many personal health services are also critical for public health improvement, and therefore should also be universally accessible.

With today's medical technology, at today's prices and with today's demands, access to both a robust public health infrastructure and a full range of personal health services is not affordable. They would be virtually inaccessible for the majority of Washingtonians now were it not for subsidies from employers, governments and charities. Yet these subsidies insulate consumers and providers from the actual costs of health care, driving up demand for all services irrespective of their effectiveness. To make matters worse, many other factors undermine these subsidies. Medical care inflation, a poor economy, and widespread anti-governmentalism have eroded our ability to sustain public programs for the poor, the elderly and many of the chronically ill --- the populations that suffer the overwhelming majority of society's disease burden.

¹This statement reflects long-standing WSPHA positions on health status improvement, the need for stable health system funding, and universal access to medical care. The WSPHA Board notes however that WSPHA has not addressed the question of establishing limits on medical services, and so has no position on that issue.

SBOH believes that to maintain stable and secure system funding, we have to set limits—as consumers and as providers—on the interventions we expect to see universally accessible. To promote efficiency and to keep a tight rein on costs, we also need limits on the number of payers and middlemen who finance and manage the many disconnected revenue streams and accountability schemes we have.

SBOH believes that the most important key to stabilizing our health funding system is to settle on a more limited and sustainable mix of public health and personal medical services that communities will support financially. SBOH's hope for near-term health reform is to stabilize a financing system that provides universal access to things that most effectively protect and improve public health.

In recent years, SBOH has been working toward wider agreement about what those services are. SBOH has developed an evidence based “Menu of Critical Health Services” as a starting point for that community dialogue. In addition to a community-determined subset of the services listed in the “Menu”, we believe all should have the benefit of a robust public health infrastructure, including health assessment, infectious disease control, emergency preparedness, environmental health, health promotion, disease prevention and promotion of community dialogue about the social determinants of health such as employment, housing and more.

We believe that health improvement is best achieved through a combination of personal choices and collective action. Health improvement occurs best when individuals, governments, businesses and non-profit organizations each accept their fair share of personal and community responsibility for the public's health.

SBOH and WSPHA both believe that political leaders and public health officials need to actively promote community-based initiatives to redesign the health care system. The goal should be to produce measurable improvements in community health status. One way this can occur involves reallocation of funds now used for unneeded and relatively ineffective illness care toward universal access to an evidence-based mix of environmental, social, behavioral and medical interventions. This new mix should include public polices and health services that make it easy for individuals, families, communities, businesses and non-profit organizations to assume their fair share of responsibility for improving their own health and the health of their communities.

SBOH and WSPHA both believe that in a system devoted to population wide health improvement, reducing access to proven preventive and basic primary care by category of individuals or by economic circumstance is not justified. We will stabilize neither our population's health nor the finances of our health care system by excluding parts of our population from cost-effective health improvement interventions.

SBOH recognizes that financial stability requires limits on expenditures. SBOH believes services should be eliminated first if they have no proven health benefit, and next if the health benefit is only marginal, accrues only for a short time or is disproportionately expensive for the population wide health benefit received. This approach might lead to such changes as discouraging heroic end-of-life services when patient requested palliative care is more humane and appropriate. Medical service vendors should be allowed to market services that are not universally available. Non-profit organizations may fund such services for those of limited means.

Anti-smoking policies, helmet programs, better nutrition, more physical activity, substance abuse treatment, prenatal care and other proven interventions that prevent or treat widely prevalent health conditions with proven results should be considered part of our public health infrastructure and should be universally available. Washington State cannot spend its way to a healthier future with its current fragmented, dysfunctional health care financing system. SBOH believes that only by prioritizing certain services and adopting new measures of effectiveness can we hope to see the desired outcome of universally accessible health care.

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